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STATE BOARD OF HEALTH
OKLAHOMA STATE DEPARTMENT OF HEALTH
1000 N.E. 10th
Oklahoma City, Oklahoma 73117-1299

Tuesday, December 8, 2015 11:00 a.m.

Ronald Woodson, President of the Oklahoma State Board of Health, called the 404th regular meeting of the Oklahoma State Board of Health to order on Tuesday, December 8, 2015 at 11:05 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on December 8, 2014, and at 11:00 a.m. at the building entrance on December 7, 2015.

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ROLL CALL

Members in Attendance: Ronald Woodson, M.D., President; Martha Burger, M.B.A., Vice-President; Jenny Alexopoulos, D.O.; R. Murali Krishna, M.D.; Terry Gerard, D.O.; Charles W. Grim, D.D.S.; Robert S. Stewart, M.D.

Absent: Timothy E. Starkey, M.B.A.; Cris Hart-Wolfe, Secretary-Treasurer;

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Central Staff Present: Terry Cline, Commissioner; Julie Cox-Kain, Chief Operating Officer; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Neil Hann, Assistant Deputy Commissioner, Community and Family Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Mark Newman, Director of Office of State and Federal Policy; Don Maisch, Office of General Counsel; Jay Holland, Director of Internal Audit and Office of Accountability Systems; Tony Sellars, Director of Office of Communications; Officer; VaLauna Grissom, Secretary to the State Board of Health.

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Visitors in attendance: (see sign in sheet)

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Call to Order and Opening Remarks

Dr. Woodson called the meeting to order. He welcomed special guests in attendance.

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REVIEW OF MINUTES

Dr. Woodson directed attention to review of the minutes of the October 6, 2015, Tri-Board meeting.

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Dr. Alexopoulos moved Board approval of the minutes of the October 6, 2015, Tri-Board meeting, as presented. Second Dr. Grim. Motion carried.

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AYE: Alexopoulos, Grim, Stewart, Woodson

ABSTAIN: Burger, Gerard, Krishna

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ABSENT: Starkey, Wolfe

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APPOINTMENTS

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Home Care, Hospice and palliative Care Advisory Council Appointment (Presented by Henry F. Hartsell, Jr.)

44

Appointments: One Member

45

Authority: 63 O.S., § 1-103a.1(G)

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Members: The Advisory Council shall consist of seven (9) nine members. Membership is defined in statute. Two members shall be appointed by the Governor, three members shall be appointed by the President Pro Tempore of the Senate, three members shall be appointed by the Speaker of the House, and one member shall be appointed by the State Board of Health.

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Ms. Burger moved Board approval for Appointment of Ms. Karen Vahlberg, R.N., B.S.N. to the Home Care, Hospice and palliative Care Advisory Council Appointment as presented. Second Dr. Gerard. Motion carried.

1 There were no comments or questions from the Board.

2
3 **AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Stewart, Woodson**

4 **ABSENT: Starkey, Wolfe**

5
6 PROPOSED RULEMAKING ACTIONS

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8 **CHAPTER 15. CLINICAL TRIALS ON THE USE OF CANNABIDIOL**

9 **[PERMANENT] [EMERGENCY]** Presented by Donald D. Maisch

10 **PROPOSED RULES:**

11 Subchapter 1. Purpose and Definitions [NEW]

12 310:15-1-1. Purpose [NEW]

13 310:15-1-2. Definitions [NEW]

14 Subchapter 3. Physician Application and Reporting [NEW]

15 310:15-3-1. Physician application [NEW]

16 310:15-3-2. Physician reporting [NEW]

17 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. Section 1-104; and Title 63 O.S. Section 2-
18 801 – 2-805.

19 **SUMMARY:** These proposed regulations, if adopted, will implement the agency's requirements from House
20 Bill Number 2154, from the 1st Session of the 55th Oklahoma Legislature (2015)

21 known as "Katie and Cayman's Law" and codified at 63 O.S. §§ 2-801 through 2-805. The proposed
22 regulations set forth the Department's requirements for the necessary approvals of clinical trials on subjects
23 under the age of 18 for the use of Cannabidiol in treating certain types of seizures as required by the House
24 Bill. *Cannabidiol* means a nonpsychoactive cannabinoid found in the plant *Cannabis sativa L.* or any other
25 preparation thereof, that has a tetrahydrocannabinol

26 concentration of not more than three-tenths of one percent (0.3%) and that is delivered to the patient in the
27 form of a liquid [63 O.S. § 2-801]

28
29 **Ms. Burger moved Board approval for Emergency Adoption of Chapter 15. Clinical Trials on the Use of**
30 **Cannabidiol as presented. Second Dr. Grim. Motion carried.**

31
32 **AYE: Alexopulos, Burger, Gerard Grim, Krishna, Stewart, Woodson**

33 **ABSENT: Starkey, Wolfe**

34
35 **Dr. Grim moved Board approval for Permanent Adoption of Chapter 15. Clinical Trials on the Use of**
36 **Cannabidiol as presented. Second Dr. Stewart. Motion carried.**

37
38 **AYE: Alexopulos, Burger, Gerard Grim, Krishna, Stewart, Woodson**

39 **ABSENT: Starkey, Wolfe**

40
41 **CHAPTER 265. HEARING AID DEALERS AND FITTERS**

42 **[PERMANENT]** Presented by Lynnette Jordan

43 **PROPOSED RULES:**

44 Subchapter 1. General Provisions

45 310:265-1-3 [AMENDED]

46 Subchapter 3. Examinations

47 310:265-3-1 [AMENDED]

48 310:265-3-2 [AMENDED]

49 310:265-3-3 [AMENDED]

50 Subchapter 5. License Requirements

51 310:265-5-1 [AMENDED]

52 310:265-5-2 [AMENDED]

53 310:265-5-3 [AMENDED]

54 310:265-5-4 [AMENDED]

55 310:265-5-6 [AMENDED]

1 310:265-5-7 [AMENDED]

2 310:265-5-8 [AMENDED]

3 Subchapter 7. Regulatory Enforcement

4 310:265-7-2 [AMENDED]

5 310:265-7-3 [AMENDED]

6 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. Section 1-104; and Title 63 O.S. Section 1-
7 1750 et seq.

8 **SUMMARY:** The current rule applies to individuals licensed for the purpose of fitting and dealing hearing
9 aids pursuant to authority in Title 63 § 1-1750 et seq. The proposed changes clarify the exam requirements to
10 agree with changes in law at Title 63, O.S., Section 1-1751, established in Senate Bill 46 (2015) and
11 effective November 1, 2015. The change in law makes the applicant responsible for the examination fee.
12 With this change, the Department amends the rule to allow the applicant greater discretion in choosing an
13 examination provider. Other changes give consideration to industry feedback and update the rule to best
14 practices for the entire Chapter. A summary of these changes include updates and clarification for:
15 supervision of those with temporary permits, reciprocity license application process, business regulatory
16 authority, authorization of mobile or temporary clinics, notification of customer protections to suspend
17 tolling the thirty day contract cancellation clause where hearing aids are returned for repair, authorizes online
18 continuing education, updates requirements for a hearing aid waiver related to ambient background noise at
19 the time of testing, and updates references to the applicable advisory council based on changes in law. These
20 changes are needed to allow the hearing aid fitting and dealing profession to stay current with national
21 standards and ensure customers are protected and aware of their rights under this Rule. The effect of this
22 Rule change will allow applicants the option to choose the most applicable exam for hearing aid fitter and
23 dealer licensure and update the rule with current practices in the profession.
24

25 **Ms. Burger moved Board approval for Permanent Adoption of 265 Hearing Aid Dealers and Fitters as**
26 **presented. Second Dr. Krishna. Motion carried.**
27

28 **AYE: Alexopulos, Burger, Gerard Grim, Krishna, Stewart, Woodson**

29 **ABSENT: Starkey, Wolfe**
30

31 **CHAPTER 675. NURSING AND SPECIALIZED FACILITIES**

32 **[PERMANENT]** Presented Mike Cook

33 **PROPOSED RULES:**

34 Subchapter 9. Resident Care Services

35 310:675-9-9.1 [AMENDED]

36 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. Section 1-104; and Title 63 O.S. Section 1-
37 1950.

38 **SUMMARY:** This proposal amends OAC 310:675-9-9.1(i) which deals with bulk non-prescription drugs.
39 This rule change removes a limitation on dispensing over the counter medications from
40 bulk supplies of drugs maintained in nursing facilities. This change inserts verbatim language from the law
41 concerning the ordering or authorizing of medications by a physician. This change deletes language which
42 restricts the use of bulk over the counter medications to only as needed or unscheduled dosage regimens and
43 only upon written order of a physician. This change will allow nursing facilities to dispense scheduled
44 regimens of over the counter medications with an order or other authorization. This change brings the rule
45 into conformity with the authorizing statute [Title 63 O.S. Section 63.1-1950(B)] which is permissive, rather
46 than restrictive, regarding the dispensing of bulk over the counter medications based on a nonscheduled
47 regimen.
48

49 **Dr. Stewart moved Board approval for Permanent Adoption of Chapter 675 Nursing and Specialized**
50 **Facilities as presented. Second Dr. . Motion carried.**
51

52 There was discussion from the Board to clarify language within the rule labeling certain facilities as “stroke
53 referral” facilities. Dr. Cathey clarified these facilities are not receiving stroke patients, rather referring them
54 to facilities with resources to serve needs of stroke patients.
55

1 **AYE: Alexopulos, Burger, Gerard Grim, Krishna, Stewart, Woodson**

2 **ABSENT: Starkey, Wolfe**

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4 **CHAPTER 680. RESIDENTIAL CARE HOMES**

5 **[PERMANENT]** Presented Mike Cook

6 **PROPOSED RULES:**

7 Subchapter 13. Medication Storage and Administration

8 310:680-13-2. [AMENDED]

9 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. Section 1-104; and Title 63 O.S. Section 1-1950.

10
11 **SUMMARY:** This proposal amends OAC 310:680-13-2 which deals with bulk nonprescription drugs. This
12 rule change removes a limitation on dispensing over the counter medications from bulk supplies of drugs
13 maintained in residential care homes. This change inserts verbatim language from the law concerning the
14 ordering or authorizing of medications by a physician. This change deletes language which restricts the use
15 of bulk over the counter medications to only as needed or unscheduled dosage regimens and only upon
16 written order of a physician. This change will allow residential care homes to dispense scheduled regimens
17 of over the counter medications with an order or other authorization. This change brings the rule into
18 conformity with the authorizing statute [Title 63 O.S. Section 1-1950(B)] which is permissive, rather than
19 restrictive, regarding the dispensing of bulk over the counter medications based on a nonscheduled regimen.

20
21 **Dr. Stewart moved Board approval for Permanent Adoption of Chapter 680. Residential Care Homes as**
22 **presented. Second Dr. Alexopulos. Motion carried.**

23
24 **AYE: Alexopulos, Burger, Gerard Grim, Krishna, Stewart, Woodson**

25 **ABSENT: Starkey, Wolfe**

26
27 OKLAHOMA HEALTH IN ALL POLICIES PRESENTATION

28 Julie Cox-Kain, M.P.A., Deputy Secretary for Health & Human Services and Senior Deputy Commissioner;

29 Joseph Fairbanks, M.P.P., Director for Health Innovations and Effectiveness

30 *See Attachment A*

31
32 2016 LEGISLATIVE PRIORITIES

33 Carter Kimble, M.P.H., Senior Policy Analyst, Office of State and Federal Policy

34 *See Attachment B*

35
36 CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION

37 **Executive Committee**

38 None.

39
40 **Finance Committee**

41 Ms. Burger directed attention to the Financial Brief provided to each Board member and presented the
42 following SFY 2015 Finance Report and Board Brief as of November 23, 2015:

43 OSDH budget and expenditure forecast are as of November 23, 2015

44 OSDH has approximately \$403 million budgeted for state fiscal year 2016

45 The forecasted expenditure rate is projected at 97.02% through June 30, 2016

46 The department is in "Green light" status overall

47 Prevention and Preparedness Services and Health Improvement Services are in "yellow light" status, with
48 expenditures forecasted to spend between 90 and 95 percent

49 The "yellow light" status for these two divisions is due to items budgeted, but not yet obligated or forecasted
50 such as supplies and contracts.

51
52 The *Financial Brief* covered FY 2017 state appropriations reductions scenarios of 5%, 7.5%, and 10%.

53 *See Attachment C*

54
55 **Accountability, Ethics, & Audit Committee**

1 The Accountability, Ethics, & Audit Committee met with Jay Holland. Dr. Grim indicated that there were no
2 known significant audit issues to report at this time and one complaint to be heard during Executive Session.
3

4 **Public Health Policy Committee**

5 Dr. Stewart indicated that discussion from the Policy Committee Meeting had been covered during Mr.
6 Kimble's Legislative Priorities Presentation and there was nothing more to add.
7

8 The next meeting of the Policy Committee will be prior to the January Board Meeting.
9

10 **PRESIDENT'S REPORT**

11 None.
12

13 **COMMISSIONER'S REPORT**

14 Dr. Cline highlighted his participation at the recent board retreat for the Tobacco Settlement Endowment
15 Trust. The retreat was similar in format to the Oklahoma State Board of Health retreat and also was a time
16 for their Board to develop their strategic priorities. Dr. Cline thanked the TSET Board and Tracey Strader
17 for their critical role in the process to align critical priorities for TSET and the OSDH.

18 Lastly, Dr. Cline gave an overview of the Oklahoma Academy Town Hall meeting he attended. The town
19 hall is a unique opportunity for a diverse group of citizens (legislators, faith-based, health, business, etc.) to
20 come together for discussion of issues facing Oklahoma and recommendations for positive change. The
21 2015 Town Hall Oklahoma Priorities - The Government and Taxes We Want. Dr. Cline encouraged Board
22 members to participate in future Town Hall experiences.
23

24 The report concluded.
25

26 **NEW BUSINESS**

27 No new business.
28

29 **PROPOSED EXECUTIVE SESSION**

30 **Dr. Alexopulos moved Board approval to go in to Executive Session at 11:58 PM** pursuant to 25
31 O.S. Section 307(B)(4) for confidential communications to discuss pending department litigation,
32 investigation, claim, or action; pursuant to 25 O.S. Section 307(B)(1) to discuss the employment, hiring,
33 appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or
34 employee and pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of
35 information would violate confidentiality requirements of state or federal law.

- 36 • OAS Complaint number is 2015-042
- 37 • Annual performance evaluation for the Office of Accountability Systems Director & Internal
38 Audit Unit Director, and Board of Health Secretary

39 **Second Ms. Burger. Motion carried.**
40

41 **AYE: Alexopulos, Burger, Gerard Grim, Krishna, Stewart, Woodson**

42 **ABSENT: Starkey, Wolfe**
43

44 **Dr. Grim moved Board approval to move out of Executive Session. Second Dr. Alexopulos. Motion**
45 **carried.**
46

47 **AYE: Alexopulos, Burger, Gerard Grim, Krishna, Stewart, Woodson**

48 **ABSENT: Starkey, Wolfe**
49

50 **ADJOURNMENT**

51 **Dr. Stewart moved Board approval to Adjourn. Second Dr. Gerard Motion carried.**
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53 **AYE: Alexopulos, Burger, Gerard Grim, Krishna, Stewart, Woodson**

54 **ABSENT: Starkey, Wolfe**
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The meeting adjourned at 1:15 p.m.

Approved



Ronald W. Woodson, M.D.
President, Oklahoma State Board of Health
January 12, 2016

Health in All Policies

Julie Cox-Kain, M.P.A.
Joseph Fairbanks, M.P.P.
December 8, 2015

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What is Health In All Policies?

Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision making across sectors and policy areas.

(APHA: Introduction to Health in All Policies, A Guide for State and Local Governments)

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Aspen Institute

- **TeamWork:** Leadership for Healthy States
- **Competitive Application:** 5 States
- **Institute Period:** August 2015 – August 2016
- **TeamWork Goals:**
 - Create robust relationships among health officials, their legal counsel, and policy makers within states
 - Foster collaborations and trust across branches of state government and partisan divides
 - Encourage innovative approaches to population health policy
- **Project Focus:** Health in All Policies
- **Benefits:** Access to technical assistance & resources

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Oklahoma TeamWork Team Members

- **Terry Cline**, Secretary of Health & Human Services
- **Chris Benge**, Secretary of State & Secretary of Native American Affairs
- **AJ Griffin**, State Senator
- **Teresa Jackson**, Senior Executive Officer of Choctaw Nation Health Services
- **Donald Maisch**, General Counsel, Oklahoma State Department of Health
- **Carol McFarland**, Director of Performance & Efficiency, Office of Management Enterprise Services
- **Julie Cox-Kain**, Senior Deputy Commissioner & Deputy Secretary of Health & Human Services
- **Stephanie Uren**, Director of the Center for the Advancement of Wellness, Oklahoma State Department of Health
- **Joe Fairbanks**, Director of the Center for Health Innovations, Oklahoma State Department of Health
- **James Allen**, Director of Partnerships for Health Improvement, Oklahoma State Department of Health
- **Melissa Fenrick**, Health Planning Coordinator, Oklahoma State Department of Health

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TeamWork Oklahoma

- Implement Health Impact Assessment (HIA)
- HIA Defined - HIAs use a flexible, data-driven approach that identifies the health consequences of new policies and develops practical strategies to enhance their health benefits and minimize adverse effects
- Assess and measure type, likelihood, magnitude and distribution of effect

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TeamWork Oklahoma Works HIA Project

- **Population:** Pre-K thru 2nd Grade
- **Potential policy areas for assessment of impact on health and educational progress:**
 - Implementing recommended physical activity in schools
 - Implementing recommended policies for proper nutrition in schools
 - Implementing trauma informed services in schools
- **Current Status:** Research evidence to narrow policy assessment
- **Next Steps:** Stakeholder engagement

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TeamWork Oklahoma Choctaw Nation Promise Zone HIA Project

- **Promise Zone:** A new anti-poverty program meant to provide resources such as grants and tax incentives to help improve conditions in persistently high poverty communities
- **Focused on the following:**
 - Jobs/Economic Development
 - Education
 - Housing
 - Public Safety
- **Next Steps:** Partner with Choctaw Nation to target/narrow the scope of the project

Questions

2016 Legislative Priorities
OKLAHOMA STATE DEPARTMENT OF HEALTH · DECEMBER 2015



Carter Kimble, M.P.H.
 Office of State and Federal Policy

LEGISLATIVE PRIORITIES

- Good Samaritan Law For Drug Overdose
- Emergency Health Planning Task Force
- Open Records Act
- Birth and Death Record Index
- Tobacco Tax

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Save Lives By Introduction Of A Good Samaritan Provision For Drug Overdoses

- Effect on Public Health and Well-being
 - Unintentional poisoning deaths surpassed motor vehicle crashes for the leading cause of injury death in Oklahoma.¹
 - Oklahoma drug overdose death (all intents)
 - 178 deaths in 1999
 - 790 deaths in 2013¹
 - Of the more than 4,600 unintentional poisoning deaths from 2007-2013, nearly four out of five involved prescription drugs.
 - Nearly 9 out of 10 prescription drug-related overdose deaths involved an opioid analgesic.
 - More overdose deaths involved hydrocodone or oxycodone than all illegal drugs combined.²

1. CDC Web-based Injury Statistics Query and Reporting System (WISQARS)
 2. OSDH Injury Prevention Service Fatal Unintentional Poisoning Surveillance System (data abstracted from medical examiner reports)

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Save Lives By Introduction Of A Good Samaritan Provision For Drug Overdoses (continued)

- Use and effects of Naloxone (Narcan®) or other opiate antagonist
 - In some instances, Naloxone can reverse the effects of opioid overdose and restore respiratory efforts.
 - HB1782 (2013) revised administration of Naloxone criteria and allows first responders to administer without a prescription when encountering an individual exhibiting signs of an opiate overdose.
 - Majority of overdose deaths take place 1-3 hours after taking an opioid³, and most of these overdoses occur in the presence of others⁴, meaning there is time for many lives to be saved.

3. Davidson P.J., McLean R.L., Kral A.H., Gleghorn A.A., Edlin B.R., & Moss, A.R. (2003). Fatal heroin-related overdose in San Francisco, 1997-2000: A case for targeted intervention. *Journal of Urban Health*, 80, p. 261-273.
 Sporer, K.A. Strategies for preventing heroin overdose. *BMJ*. 2003;326(7386):442-444
 Barceloux, Donald G. *Medical Toxicology of Drug Abuse: Synthesized Chemicals and Psychoactive Plants*, John Wiley & Sons, Inc. 2012.
 4. Lago T., Anderson B.J., Stein M. Overdoses among friends: drug users are willing to administer naloxone to others. *J Subst Abuse Treat*. 2006;30:129-133.

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Save Lives By Introduction Of A Good Samaritan Provision For Drug Overdoses (continued)

Policy Proposal

- Allows a person who, in good faith, is seeking medical assistance for a person experiencing a drug overdose from being arrested or prosecuted for the possession or use of a controlled substance or drug paraphernalia.
- Provides limited immunity, subject to the discretion of the law enforcement officer present, for persons who report the emergency drug overdose.
- Based on the Good Samaritan law for alcohol-related offenses, SB 1 signed by Governor Fallin in 2013.
- Currently 28 states including New Mexico, Colorado and Arkansas have some form of Good Samaritan law.⁵

5. Prescription Drug Abuse Policy System. Good Samaritan Overdose Prevention Laws. July 2015. http://lawetas.org/files/upload/20150814_Good%20Samaritan_EssentialInformation_PDAPS2.pdf.

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Adjustments To The Emergency Health Planning Task Force

- Oklahoma Catastrophic Health Emergency Planning Task Force
 - 19 member task force, statutorily dictated membership
 - Charged with the development of a state plan in the event of a catastrophic health emergency, including but not limited to:
 - Communication plan
 - Coordination of resources and essential materials
 - Role of law enforcement
 - Evacuation plans
 - Treatment plan for individuals affected

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Adjustments To The Emergency Health Planning Task Force (continued)

- Task force hasn't had a quorum in years, Emergency Preparedness unit at OSDH has continued to keep plan updated

Policy Proposal

- Establish a quorum to allow for Task Force to more regularly take action
- Allow in statute for the Fire Marshall to send a designee



Modernization Of The Oklahoma Open Records Act

Incentivize Government Transparency

- 2005 Attorney General opinion stated that a public body that places a record on the internet or world wide web does not meet the obligation of providing "prompt, reasonable access" to the record.
- Oklahoma State Department of Health receives 100-200 open record requests annually.

Policy Proposal

- Amend Title 51, Section 24A.5 by adding;
 - "Any public body making its records available on the internet or the world wide web meets the obligation of providing prompt, reasonable access to its records as required by this Act"



Birth And Death Event Index And Electronic Verification Of Existing Vital Record

- Birth and Death Index
 - OSDH will have a birth and death index available on its website that will include:
 - Name
 - Gender
 - Date of event
 - County in which event occurred
 - Ease ancestral study for genealogists
 - Index will include data for births and deaths occurring more than 25 years after the event
 - Use of index will have no cost unless entire index is requested, fee established by Board of Health



Birth And Death Event Index And Electronic Verification Of Existing Vital Record (continued)

- Electronic Verification Component
 - Previously, private entities with a legitimate business relationship were able to access the Social Security Administration's Death Master File. The Federal government no longer shares that index with private entities as the records were deemed protected.
 - National Association for Public Health Statistics and Information Systems will create a hub where states can provide records for comparison for a business to determine if an individual is deceased.
 - Businesses will now be able to compare records in bulk, where as they were previously required to formally request each record individually.



Tobacco Tax Continues To Be A Policy Priority

- Increasing the price point of tobacco products is a recommended strategy to achieve the following:
 - Reduces the total amount of tobacco consumed
 - Reduces the prevalence of tobacco use
 - Increases the number of tobacco users who quit
 - Reduces initiation of tobacco use among young people
 - Reduces tobacco-related morbidity and mortality
- Increasing the unit price for tobacco products by 20% would result in the following:
 - Reduce overall consumption of tobacco products by 10.4%
 - Reduce prevalence of adult tobacco use by 3.6%
 - Reduce initiation of tobacco use by young people by 8.6%

Reducing Tobacco Use and Secondhand Smoke Exposure: Interventions to Increase the Unit Price for Tobacco Products. (n.d.). Retrieved November 17, 2015, from <http://www.thecommunityguide.org/tobacco/increasingunitprice.html>



For More Information

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QUESTIONS



**OKLAHOMA STATE DEPARTMENT OF HEALTH
BOARD OF HEALTH FINANCE COMMITTEE BRIEF
DECEMBER 2015**

POTENTIAL STATE GENERAL REVENUE REDUCTIONS FOR STATE FISCAL YEAR 2017

The OSDH received state general revenue appropriations of \$60,632,476 for state fiscal year 2016. With significant revenue reductions forecasted for state fiscal year 2017, the OSDH was asked to provide reduction scenarios that represent a 5%, 7.5%, and 10% state general revenue reductions.

| 5% (\$3,031,624) Reduction Scenario | |
|--|---|
| Amount | Description |
| \$10,000 | Oklahoma State Athletic Commission: This would reduce the number of inspectors trained for events scheduled in SFY-17 |
| \$500,000 | Elimination of the RFP for the establishment of a Cord Blood Bank would take effect July 1, 2016 which supports positions within the Oklahoma Blood Institute. |
| \$2,521,624 | FQHC Uncompensated Care: A reduction in funds to the OSDH would eliminate the FQHC Uncompensated Care Fund and prevent the OSDH from reimbursing FQHCs for uncompensated care costs associated with the delivery of primary, dental, and behavioral health care to uninsured patients. This will impact 15 FQHCs (representing 67 sites), which will lose partial reimbursement for 14,502 encounters with underinsured or uninsured clients. |

| 7.5% (\$4,547,436) Reduction Scenario | |
|--|---|
| Amount | Description |
| \$15,000 | Oklahoma State Athletic Commission: This would reduce the number of inspectors trained for events scheduled in SFY-17 and impact attendance by Board Commissioners to national conferences. |
| \$500,000 | Elimination of the RFP for the establishment of a Cord Blood Bank would take effect July 1, 2016 which supports positions within the Oklahoma Blood Institute. |
| \$1,479,959 | Community Based Child Abuse Prevention: A 50% cut would impact 369 families that would not be served and approximately 26 positions within the community non-profits would no longer be funded. In order to determine which programs would be eliminated, contractors will be rated and ranked by the number of home visits made and number of families served. |
| \$2,552,477 | FQHC Uncompensated Care: A reduction in funds to the OSDH would eliminate the FQHC Uncompensated Care Fund and prevent the OSDH from reimbursing FQHCs for uncompensated care costs associated with the delivery of primary, dental, and behavioral health care to uninsured patients. This will impact 15 FQHCs (representing 67 sites), which will lose partial reimbursement for 14,502 encounters with underinsured or uninsured clients. |

| 10% (\$6,063,248) Reduction Scenario | |
|---|---|
| Amount | Description |
| \$20,000 | Oklahoma State Athletic Commission: This would reduce the number of inspectors trained for events scheduled in SFY-17; impact attendance by Board Commissioners to national conferences and reduce the number of inspectors employed to ensure compliance with Athletic Commission regulated events. |
| \$500,000 | Elimination of the RFP for the establishment of a Cord Blood Bank would take effect July 1, 2016 which supports positions within the Oklahoma Blood Institute. |
| \$2,896,014 | Community Based Child Abuse Prevention: This would impact approximately 749 families that would not be served and approximately 52 positions within the community non-profits that would no longer be funded. This would impact all 13 regional contractors. |
| \$2,552,477 | FQHC Uncompensated Care: A reduction in funds to the OSDH would eliminate the FQHC Uncompensated Care Fund and prevent the OSDH from reimbursing FQHCs for uncompensated care costs associated with the delivery of primary, dental, and behavioral health care to uninsured patients. This will impact 15 FQHCs (representing 67 sites), which will lose partial reimbursement for 14,502 encounters with underinsured or uninsured clients. |
| \$94,757 | OSDH Infrastructure will be impacted with the elimination of one management level vacant position which requires the permanent redistribution of responsibilities to existing FTE. The reduction is based on actual salary and estimate benefit cost to refill the position. |